

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC Agency(ies) Charge No(s): 440-2021-06256	
Illinois Department Of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) MS. HOPE S. HUNDLEY		Home Phone (Incl. Area Code) (312) 758-3793	Date of Birth 07/03/1967
Street Address 6228 S. VERNON AVE CHICAGO, IL. 60637		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name UNIVERSITY OF ILLINOIS AT CHICAGO		No. Employees, Members 100+	Phone No. (Include Area Code)
Street Address 1855 W. TAYLOR ST. CHICAGO, IL. 60612		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address 		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify below.) Hostile work environment, failure to promote, violation of EPA AND ADA			
DATE(S) DISCRIMINATION TOOK PLACE Earliest 11/2017 Latest 06/17/2021		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I began my employment with Respondent on or about April 29, 2003. My most recent position is Ophthalmic Technician. During my employment, I was subjected to denial of promotions, harassment, disparate treatment, and a hostile work environment. I complained to Respondent. Subsequently, I was subjected to further harassment and underserved discipline.</p> <p>I believe I have been discriminated against because of my race, (Black) and my sex (female), in retaliation for engaging protected activity, and disability, in violation of Title VII of the Civil Rights Act of 1964, as amended.</p> <p>I also believe I have been discriminated against because of my race, sex, and paid less than similarly situated employees who are not Black and female in violation of the Equal Pay Act of 1963.</p> <p>I believe that I have been discriminated against because of my disability, in violation of the American with Disabilities Act, (ADA) Section 504 of the Rehabilitation Act and the Family Medical Leave Act (FMLA).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT Hope S. Hundley 08-31-21 <small>Date</small>	
Charming Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>	

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and EEOC

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I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
 SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (month, day, year)

Date

Charging Party Signature

